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Predictors of Therapists Use of Homework in Community Mental Health: Session and Therapist Characteristics

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ABSTRACT

Assigning and reviewing homework as a strategy to help clients gain therapeutic skills is a common technique used across a variety of evidence-based practices (EBPs) and has been shown to improve therapy outcomes for children and youth. However, in studies characterizing routine psychotherapy delivered in community mental health settings, homework is rarely used in sessions. While some therapist and client level predictors of EBP strategy use have been identified in routine psychotherapy (e.g. client stressors, therapists' attitudes towards EBPs) it is unknown what is associated with community mental health therapists using homework in the increasingly common context of system-driven implementation of multiple EBPs. To identify predictors of therapists' use of homework, 680 videos of sessions with 274 clients were collected from 103 therapists (of which 55% were Hispanic) providing children's mental health services

through the Los Angeles County Department of Mental Health (LACDMH). The current study uses a multilevel logistic regression analysis model to identify which factors are associated with therapist use of homework in therapy sessions when there is system-driven implementation support for the use of multiple EBPs in community mental health settings. After controlling for the EBP delivered in session and the number of EBPs therapists were trained in, having a caregiver present in the therapy session, older child age, and being an unlicensed therapist were associated with a higher likelihood of therapists assigning and reviewing homework during a specific session. Therapist race/ethnicity, perceptions of the EBP being delivered, their report of emotional exhaustion, and direct hours with clients, as well as emergent unexpected stressful client life events within a session were not significantly associated with therapists' delivery of homework. These findings underscore the need to provide explicit attention during therapist training on the use

of homework with younger clients when caregivers are absent from sessions and the need to facilitate the use of homework among licensed therapists.

Keywords: evidence-based practices, community mental health services, homework

Introduction

Approximately 1.9 million children and adolescents in the United States have depression, 4.4 million have an anxiety condition and 4.5 million have a behavioral or conduct problem (Ghandour et al., 2018). Among those with a mental health diagnosis, few receive adequate mental health care (Brauner & Stephens, 2006; Merikangas et al., 2010). For those who do receive services, usual care often does not include regular and sustained in-depth use of evidence-based practices (EBPs) (e.g. Trauma Focused Cognitive Behavioral Therapy), despite EBPs being linked to better treatment outcomes in comparison to usual care (Garland, Bickman, & Chorpita, 2010; Park, Moskowitz, & Chorpita, 2018).

A meta-analysis by Mausbach and colleagues (2010) found that therapeutic homework, a common component of EBPs in which between session activities are assigned or reviewed, is associated with improved therapy outcomes. Homework is considered essential for clients to practice applying learned skills to reinforce what they have learned in therapy, and to help clients manage and prepare for stressful situations outside of therapy that might reactivate their symptoms (Garland, Brookman-Frazee, & Chavira, 2010; Kazantzis, Whittington, & Dattilio, 2010). One meta-analysis found that on average, 62% of clients whose therapists used homework in therapy sessions had a reduction in symptoms compared to only 38% of clients in therapy sessions where no homework was used (Kazantzis et al., 2010). Although there is substantial evidence

showing that using homework enhances therapy outcomes, it is infrequently used in usual care community mental health settings (Garland et al., 2010). In a study characterizing usual care, homework was assigned or reviewed in only 16% of sessions, and therapeutic homework was one of the strategies therapists used least (Garland et al., 2010). Some potential reasons for this include therapists' negative attitudes towards homework, interfering situations in therapy (e.g., emergent life events like family violence and housing problems), therapists' negative beliefs about client's response to homework assignments, and the broad spectrum of therapist's training (Garland et al., 2010). However, overall, research on the underlying factors regarding why therapists do not use homework frequently is limited (Garland et al., 2010), especially in the increasingly common context of system-driven multiple EBP implementation (Lau & Brookman-Frazee, 2016; Beidas et al., 2013). Thus, this study examined which therapist and session level factors are associated with therapists assigning and reviewing homework within the context of community EBP implementation.

Study Context: The 4KEEPS Study Examining Sustainment of EBPs in a System-Driven Implementation

The current study uses data extracted from a larger NIMH-funded study entitled, "Sustainment of Multiple EBP's Fiscally Mandated in Children's MH Services" (known locally as "4KEEPS, Knowledge Exchange on Evidence-based Practice Sustainment"). The 4KEEPS study is an observational study of the sustainment of multiple EBPs in the context of system-driven support by the Los Angeles County Department of Mental Health Services (LACDMH), one of the largest mental health

systems in the United States (Lau & Brookman-Frazee, 2016). After California passed the Mental Health Services Act in 2004, state funds were allocated to facilitate the greater use of EBPs in Los Angeles County through the Prevention and Early Intervention initiative. Starting in 2010, LACDMH used these initiative funds to financially reimburse community mental health agencies for delivering a variety of EBPs and to offer a variety of other supports (e.g. training; Lau & Brookman-Frazee, 2016; Rodriguez, Lau, Wright, Regan, & Brookman-Frazee, 2018). The 4KEEPS study focuses on the following six child-focused EBPs: Cognitive Behavioral Interventions for Trauma in Schools (CBITS), Child-Parent Psychotherapy (CPP), Managing and Adapting Practices (MAP), Seeking Safety (SS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Triple P Positive Parenting Program (Triple P; Lau & Brookman-Frazee, 2016). The purpose is to characterize EBP sustainment and identify factors associated with sustainment outcomes.

This observational study is unique in that it examines what actually happens in community mental health settings when EBPs are delivered in usual care as a result of LACDMH system-driven support (Lau & Brookman-Frazee, 2016). The 4KEEPS study observes the sustainment of these six EBPs delivered within LACDMH through the 4KEEPS developed Evidence-Based Practice Concordant Care Assessment (the ECCA), therapist self-report surveys, and other measures (Lau & Brookman-Frazee, 2016). The 4KEEPS community practice assessment helps inform our understanding of which elements, like homework, are commonly used in community-based care and the extent therapists use these elements (Garland, Hawley, Brookman-Frazee, & Hurlburt, 2008). 4KEEPS also thoroughly examines the multi-level factors that play a role in the implementation and sustainment of these six EBPs (Lau & Brookman-Frazee, 2016).

Examining Predictors of Individual EBP Strategies

Potential predictors of therapist delivery of individual EBP strategies, including the use of homework, can be examined at multiple levels (Aarons et al., 2011). The Exploration, Preparation, Implementation and Sustainment (EPIS) multi-level implementation framework helped inform the 4KEEPS study design. The EPIS emphasizes the role of inner context factors like the characteristics of therapists and clients and their families, as well as outer context factors like the policies that contributed to LACDMH supporting the implementation of multiple EBPs (Aarons, Hulbert, & Horwitz, 2011). For example, the use of EBPs in community mental health settings can be affected by client and family factors such as youth ages, stress and involvement; therapist demographics, skills, and attitude; and agency culture of support (Aarons, 2004). Individual differences among therapists regarding their openness to accepting new methodologies can also influence their effort to sustain the use of EBPs or strategies (Aarons, 2004; Lau & Brookman-Frazee, 2016). Regarding therapists and their attitudes, although EBPs have been shown to be effective in research settings, some therapists are skeptical of how useful they are in usual care, which may play a role in therapists being less open to using EBP strategies like homework (Aarons, 2004). Therapists also vary in terms of educational level, which can influence their understanding and use of an EBP (Aarons, 2004). Client characteristics like the stress they experience and caregiver participation can impact therapy sessions and thus, the use of EBP strategies (Garland et al., 2010; Guan et al., 2018; Barnett et al., 2018; Accurso & Garland, 2015). Stressful emergent life events occur unpredictably and frequently in community mental health settings and can interfere with the use or proper use of EBPs in therapy sessions (Guan et al., 2018; Barnett et al., 2018). Overall, the

implementation and sustainment of EBPs in community mental health settings is multi-faceted and for this reason, it is important to examine various multilevel factors, such as the aforementioned, that may be associated with the use of EBP elements like homework.

The Present Study: Examining Predictors of Homework

The purpose of the current study is to identify predictors of therapists' use of homework within the context of a multiple EBP implementation. Given that the use of homework has been shown to enhance treatment outcomes in comparison to therapy sessions without homework and are common across EBPs, this study is important as it will examine which multi-faceted factors are associated with the use of homework in community mental health settings in the context of system-driven multiple EBP implementation (Katantzis et al., 2010).

METHODS

Procedure

The data used in the current study were extracted from the larger 4KEEPS study. Specifically, data were collected in the "in-depth" component of 4KEEPS through therapist surveys and audio recordings of therapy sessions. Data for the current study represents 103 therapists who participated in this in-depth component of the 4KEEPS study. The in-depth component examined the validity of the ECCA by comparing therapists' ECCA ratings to neutral observers' ECCA ratings of audio recordings of those therapists' sessions.

Therapists represented fourteen agencies that included 24 program sites from semi-rural, suburban and urban areas of the LACDMH (Lau & Brookman-Frazee, 2016). To be eligible for the in-depth study, therapists were required to be (1) a staff or trainee therapist employee at a participating program, (2) trained in at least one of the six EBPs of interest, and (3) delivering one of the six EBPs to at least one client at the time of the study. Therapists who were eligible for the study were asked to record at least three sessions for up to three clients receiving one of the six aforementioned EBPs. Therapy recordings were collected from 103 therapists with a total of 694 therapy sessions in total, which consisted of 288 clients. Fourteen sessions were removed from the sample due to being incomplete, having poor audio quality or sessions being less than fifteen minutes. The final sample consisted of 103 therapists with 274 clients and 680 therapy sessions. Data for this study will be extracted using the current 4KEEPS data to conduct a secondary analysis.

Participants

Characteristics of participants are provided in Table 2. Fifty-five percent of therapists were Hispanic, 21% were Non-Hispanic White, 14% were Asian Pacific Islander and 8.70% were African American. Eighty percent of the therapists were unlicensed, and 85% have obtained a Master's degree. Fifty percent of therapists were marriage and family therapists, 34% were social workers, 12.60% were school counselors, and the remaining 2.90% were from other mental health disciplines. Of the therapists' 680 recorded sessions, sessions varied based on who attended, such that 286 sessions had some caregiver involvement (42.10%). Of the sessions included in this study, clients attended 1-3 sessions with an average of 2.49 sessions.

Measures

Therapist level factor

All therapists completed a web-based survey about themselves and their experiences. A more in-depth description of this survey and additional 4KEEPS study measures are described in Lau and Brookman-Frazee (2016).

Demographics.

Therapist demographics included ethnicity/race and licensure status. Therapists were also asked what EBPs they have been trained in and how many direct hours they spent with client(s) in a forty-hour work week.

Emotional exhaustion.

Therapist rated their level of emotional exhaustion on a Likert-scale from zero (strongly disagree) to six (strongly agree) on five items (Cronbach's $\alpha = 0.89$). Questionnaire items were adapted from the Glisson and colleagues (2008) Organizational Social Context Questionnaire Emotional Exhaustion Subscale. Higher averages indicated higher emotional exhaustion.

EBPAS divergence and openness.

Therapists self-rated themselves on the Evidence Based Practice Attitude Scale (EBPAS) to indicate how open they were to EBPs (openness; e.g., "I like to use new types of therapy/interventions to help my clients;" $\alpha = 0.79$) and how much they valued clinical experience over research (divergence; e.g., "I know better than academic researchers how to care for my clients;" $\alpha = 0.71$). Both scales, four items each, were rated on a Likert-scale from zero (not at all) to four (very great extent).

Session level factors.

All therapists provided information on each session's characteristics through a web-based survey, including which EBP was used for each session. An in-depth description of this survey and additional potential measures are described in Lau and Brookman-Frazee (2016).

Emergent life events.

Emergent life events are expressed to therapists during a therapy session and can interfere with the plans for the use of EBP strategies (Barnett et al., 2018). The five most common emergent life events (i.e., unexpected stressors) are family conflicts, physical fights between the client and sibling, arguments between caretakers, injuries, and the death of a loved one (Guan et al., 2018). Emergent life events are coded by observers using audio recordings of therapy sessions using the same procedure as that described for the ECCA observer ratings. Emergent life events were coded as present (1) or not (0) in a therapy session. Inter-rater reliability was acceptable (Kappa = .75) and 27% of sessions were double coded.

Client age and caregiver presence.

In the session surveys, therapists reported the age of the client and who was present during the session. Session participant information was collected through a question ("Who was involved in the session on which you are responding?"). The options included: caregiver only, youth only, parent and youth,

TABLE 1: Description of Six Evidence-Based Practices of Interests

Evidence-Based Practices	Target Age in Years	Problem Target	Format
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*	10–15	Trauma	Group, school based, youth sessions
Child-Parent Psychotherapy (CPP)	0–6	Trauma and attachment	Caregiver or caregiver-youth session
Managing and Adapting practice (MAP)	0–21	Anxiety, trauma, depression, and/or conduct	Youth, caregiver, or caregiver-youth sessions
Seeking Safety (SS)	13–20	Trauma, and/or substance abuse	Group or individual youth sessions
Triple P (Positive Parenting Program)	0–18	Conduct	Individual youth, caregiver, and caregiver-youth sessions
Trauma-Focused Cognitive Behavioral Psychotherapy (TF-CBT)	3–18	Trauma	Group or individual sessions with caregivers

*Note, CBITS sessions were not included in our analyses as there were not enough therapists using CBITS in this study. Table is based on LACDMH prevention and early intervention handbook (2016).

TABLE 2: Characteristics of Sessions and Therapists

Frequency/ Mean (SDD)		Frequency/ Mean (SDD)	
Session level (N = 680 sessions)		Therapist level (N = 103 therapists) cont.	
Sessions with a caregiver	42.10%	Licensed	19.40%
Sessions with any emergent life event	21.10%	EBPAS divergence (reverse scored)	1.46(0.83)
Sessions with homework use	87.60%	EBPAS openness	3.01(0.66)
Client age (years; range: 1 – 18)	9.71(3.87)	Emotional exhaustion	3.17(1.52)
Therapist level (N = 103 therapists)		Therapist direct hours with client(s) (Range: 0 – 39)	21.33(6.21)
Race/Ethnicity		Number of EBPs therapist trained in (Range: 1 – 4)	2.36(0.95)
Hispanic	55.30%	Sessions EBP	
Non-Hispanic white	21.40%	CBTIS	0.00%
African American	8.70%	CPP	7.20%
Asian Pacific Islander	14.60%	MAP	52.40%
		SS	4.00%
		Triple P	5.60%
		TF-CBT	30.90%

Note: EBPs = evidence-based practices, EBPAS = evidence-based practice attitude scale, and SD = standard deviation.

individual time with parent or youth, and other participant. Data were coded as having any caregiver (e.g., mother, father, aunt, grandmother) present in the session (1) or no caregiver present (0).

Outcome measure: Homework use in therapy sessions.

The ECCA, which is partially based on other measures, was created by the 4KEEPS project to measure therapists' use of common EBP strategies (McLeod & Weisz, 2010; McLeod, Smith, Southam-Gerow, Weisz, & Kendall, 2015; Garland et al., 2010). The ECCA includes 32 items about therapy content and technique. Content items are based on the areas the six aforementioned EBPs cover, which includes content related to behavioral parent training, cognitive-behavioral skills, relating to others, emotion regulation, insight building, and trauma and safety. The technique items are care coordination/case management, modeling, role play and practice, assigning and reviewing homework, and delivering positive reinforcement and rewards. The use of the technique items was coded by observational coders using the ECCA manual as a guide to rate the use of each strategy on a Likert scale of zero (did not use strategy) to six (explicitly and extensively assigned). Extensiveness refers to the thoroughness and frequency with which a therapist uses a strategy (Lau & Brookman-Frazee, 2016, p. 129). Observer ratings of homework assignment/review had acceptable interrater agreement (intraclass correlation = 0.64). For the purposes of this study, we focused on observer rated outcomes of whether therapists used the technique of assigning and reviewing homework. This item was dichotomized such that 0 = did not use strategy and 1 = did use strategy (including ratings 1 – 6 for extensiveness).

Data Analysis Plan

Stata Statistical Software IC 15.1 (StataCorp, 2017) was used for multi-level logistic regression analysis (level 1 = session, 2 = client, 3 = therapist) to examine the associations between observer report of therapists assigning/reviewing homework and multilevel predictors. The analyses controlled for the number of EBPs therapists have received training for and the actual EBP used for that session since CPP does not require homework and the other EBPs vary in their emphasis of using homework.

RESULTS

This study examined how session level and therapist level characteristics were associated with the likelihood of observers reporting therapists assigning/reviewing homework (See Table 3 for result details). In the current study, therapists used homework in 87.50% of sessions. At the session level, having a caregiver present in a session was associated with a greater odds of therapists using homework (Odds Ratio [OR] = 2.14, Confidence Interval [CI] = 1.28 – 3.56). Clients being older was also associated with an increased likelihood of therapists' using homework (OR = 1.10, CI = 1.02 – 1.19). However, the occurrence of an emergent life event was not significantly associated with homework delivery.

At the therapist level, being unlicensed was associated with therapists being more likely to use homework (OR = 2.15, CI = 1.06 – 4.37). Therapists' race/ethnicity was not associated with their use of homework. Other therapist level factors not linked to therapists' use of homework included, therapists' direct hours with client(s), emotional exhaustion, and EBP attitudes as indicated by the EBPAS divergence and openness subscales.

TABLE 3: Associations with Odds of Observer Reporting Therapists Assigning/Reviewing Homework

Predictors	OR	95% CI
Session level characteristics		
Occurrence of any ELE	0.83	0.50 – 1.36
Caregiver present in session	2.11**	1.27 – 3.52
Client age	1.10**	1.02 – 1.19
Therapist level characteristics		
<i>Race/Ethnicity</i>		
Hispanic	1.72	0.84 – 3.51
African American	2.15	0.74 – 6.22
Asian Pacific Islander	0.71	0.27 – 1.85
<i>Licensure (Reference = licensed)</i>		
Not licensed	2.15*	1.06 – 4.37
<i>Other</i>		
EBPAS divergence (reverse scored)	0.76	0.54 – 1.07
EBPAS openness	0.84	0.55 – 1.29
Emotional exhaustion	1.00	1.00 – 1.00
Therapist direct hours with client(s)	0.97	0.93 – 1.02
Covariates		
<i>Session EBP (Reference = MAP)</i>		
CPP	0.15**	0.42 – 0.52
SS	2.98	0.68 – 13.05
TF-CBT	0.41**	0.23 – 0.73
Triple P	3.39	0.88 – 13.00
Client age	1.10*	1.02 – 1.19
Number of EBPs therapist trained in (1–4)	1.01	0.73 – 1.38

Note: * $p < .05$, ** $p < .01$; Analysis controlled for session EBP and number of EBPs therapist was trained in. ELE = Emergent Life Event; EBPAS = Evidence Based Practice Attitude Scale; EBP = Evidence Based Practice; MAP = Managing and Adapting Practice; CPP = Child-Parent Psychotherapy; SS = Seeking Safety; TF-CBT = Trauma Focused Cognitive Behavioral Therapy; Triple P = Positive Parenting Program; OR = Odds ratio; CI = Confidence interval

DISCUSSION

The use of homework as a strategy to help clients gain therapeutic skills has been shown to improve therapy outcomes for children and youth (Garland et al., 2010) and is common across EBPs. However, in routine community mental health settings, homework is often not used, which has been linked to a variety of therapist and client factors (Garland et al., 2010). It is unknown whether the use of EBP strategies like homework changes when a mental health system drives the implementation of multiple EBPs, as was the case for LACDMH and is becoming increasingly common in other communities (Lau & Brookman-Frazee, 2016; Beidas et al., 2013). Furthermore, it is unknown what predicts homework usage in the context of system-driven EBP implementation. Thus, the current study sought to identify therapist and client session factors linked to homework usage that may be ideal targets to facilitate therapists' use of homework.

In the current study, 87.50% of sessions included therapists' use of homework. Notably, our study examined system-driven EBP implementation for youth ranging from 1 to 18 years old. This is in contrast to the Garland et al., (2010) study where therapists used homework in 16% of usual care psychotherapy sessions with clients aged 4 to 13 years old and without a focus on EBP implementation (Brookman-Frazee, Haine, Baker-Ericzen, Zoffness, & Garland, 2010). To understand this more frequent use of homework in the current study, it is important to highlight the very different context in which the data were collected. The current study was conducted in the context of a system-driven implementation of multiple EBPs which included support for EBP training and ongoing consultation (Regan et al., 2017). There was no large-scale implementation of EBPs in the Garland and colleagues 2010 study. There are also various potential inner context factors that

seemed to play a role in therapists' use of homework such as client, session and therapist characteristics (Aarons, 2004; Moullin, Dickson, Stadnick, Rabin, & Aarons, 2019; Barnett et al., 2018).

On the client session level, caregiver presence in a session and older child age were associated with a greater likelihood of therapists assigning and reviewing homework. Since many of the EBPs prescribe some caregiver involvement, this may have facilitated therapist use of homework in sessions with caregivers (LACDMH, 2016). Therapists may have also been more inclined to use homework when caregivers are present since they may have believed clients would be more likely to do therapy homework if their caregivers know about the homework assignment. This is consistent with Hoover-Dempsey and colleagues' (2001) findings that in schools, caregiver involvement with homework enhances child's learning and encourages supportive home structures. Our findings are also consistent with past research linking caregiver engagement to positive child therapy outcomes, and recommendations to have greater caregiver involvement in sessions (Richards, Bowers, Lazicki, Krall & Jacobs, 2008). Therapists may have also been more inclined to prescribe homework to clients they believed were old enough to remember and complete their homework. However, it is important to note that in our study, the one EBP that did not explicitly prescribe homework, CPP, targeted children under 6 years old, which may have also contributed to older age being associated with homework even though only 7.20% of sessions used CPP. Nevertheless, since less than half of the sessions in our study included caregivers and several of the other EBPs in this study include working with young children, more studies are necessary to understand how to train therapists on how to use homework when caregivers are not present in session and with younger children.

Unlicensed therapists were more likely to use homework in therapy. This may be partially due to unlicensed therapists having to undergo more regular supervision during which their supervisor may check in with them about their use of EBP strategies, such as using homework, and provide support for how to use EBPs in sessions (Board of Behavioral Sciences, 2019; Regan et al., 2017). This suggests the need to further investigate what factors are associated with being an unlicensed therapist, such as having additional supervision, check-ins, or monitoring, which may be implementation strategy targets to facilitate greater use of homework by therapists.

On the other hand, there were several session and therapist level factors we did not find to be associated with therapists' use of homework. Although previous research has addressed the impact unexpected stressors or emergent life events can have on what is done in therapy sessions, emergent life events were not associated with the use of homework in our study (Guan, 2018). This may be due to our focus on the occurrence rather than the intensity of the emergent life events, which may be more associated with EBP strategy use (Guan, Park, & Chorpita, 2017). We focused on occurrence since only 20.3% of sessions in this study were coded as having an emergent life event. Therapist demographics, burnout (as indicated by emotional exhaustion and time spent with client) and attitudes towards EBPs (e.g. therapists' openness to using EBPs and preference for using EBPs based on clinical experience over research) were also not associated with therapists' use of homework. Therapists' attitudes may have not been linked to therapists using homework since attitudes may be more associated with overall EBP adoption (rather than the specific strategy of using homework), and many therapists ended up adopting EBPs due to this study's system-driven EBP implementation support context (Aarons 2004; Lau & Brookman-Frazee, 2015).

Limitations and Future Directions

In interpreting these findings, it is important to keep in mind several factors. First, therapists were receiving system-driven support to implement EBPs and thus, different factors may be driving homework use in the context of such support in comparison to usual care. Additional research can help identify what are the necessary implementation supports when system-driven support is not as present. Secondly, since findings are based on video observations, therapist may have been more mindful of using EBPs while being observed (Adair, 1984). Lastly, findings are specific to the context of using the specific six EBPs in this study and may be different when other EBPs are being used. Future studies examining the use of homework with other EBPs can help inform what facilitates homework use in the context of other EBPs.

Conclusion

Overall this study explored a variety of therapist and session level predictors of therapists' use of homework in the context of multiple EBP delivery. The presence of caregivers in session, clients being older, and therapists being unlicensed were associated with therapists being more likely to use homework. These findings highlight the potential value of training therapists on how to use homework when caregivers are not present. Findings also underscore the need to identify factors associated with unlicensed therapists being more likely to use homework and ways to support licensed therapists to be more likely to use homework.

DISCLOSURES

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Alexis J. Corona

McNair Cohort: 2019



Biography:

I am currently a fourth-year Human Developmental Sciences Major at UCSD. In the coming year, I plan to attend medical school and have the aspirations of one day becoming a Psychiatrist. I love to help people and I am passionate about mental health. In the future, I plan to examine mental disorders and the disparities in community mental health settings.

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